

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>TEA PARTY VICTORY FUND</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00491290		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 14 / 2015</div> </div>		
Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 20 / 2014		
Mailing Address 385 AVERY LN			Amount 15000.00		
City MEDINA State OH Zip Code 44256		Transaction ID : SE.20014			
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 06 / 20 / 2014	
Name of Federal Candidate BOB SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 15000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation			
Purpose of Expenditure		Category/Type		MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶			15000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  SCOTT B MACKENZIE			Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 05 / 14 / 2015</div> </div>		

[Electronically Filed]